



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 14, 2025 – 8:30 A.M.

Meeting was conducted In-person and via Microsoft Teams

**Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room**

MEMBERS PRESENT: Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*)
Susan VanBeuge, Vice-Chair – At-Large Member, Nurse (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*in-person*)
Paul Klouse – Member, City of Boulder City (*in-person*)
Brian Labus – At-Large Member, Environmental Health (*in-person*)
Holly Lyman – Member, City of Henderson (*in-person*)

ABSENT: Jennifer Young – Member, City of Las Vegas

ALSO PRESENT: Linda Anderson

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Cassius Lockett, PhD, District Health Officer

STAFF: Emily Anelli, Tawana Bellamy, Daniel Burns, Andria Cordovez Mulet, Susan Crutchfield, Gerard Custodio, Aaron DelCotto, Xavier Gonzales, Jacques Graham, Maria Gueco, Jessica Johnson, Erick Lopez, Anil Mangla, Kimberly Monahan, Brian Northam, Kyle Parkson, Shannon Pickering, Emma Rodriguez, Larry Rogers, Alexia Romero, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Greg Tordjman, Renee Trujillo

I. CALL TO ORDER AND ROLL CALL

The Chair called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE APRIL 14, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Chair Osgood, seconded by Member Kline, and carried unanimously to approve the April 14, 2025 Agenda, as presented.

- V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: January 13, 2025 *(for possible action)*

A motion was made by Member Klouse, seconded by Vice-Chair VanBeuge, and carried unanimously to approve the April 14, 2025 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Update on the Community Health Assessment (CHA); direct staff accordingly or take other action as deemed necessary *(for possible action)*

Jessica Johnson, Health Education Supervisor, provided an update on the 2025 Community Health Assessment, outlining the Community Partner Assessment, Community Context Assessment and Community Status Assessment.

Chair Osgood commended staff on how the CHA has expanded from its initial inception and encouraged the Advisory Board members to attend the Community Health Assessment Prioritization meeting on April 30, 2025.

Dr. Cassius Lockett, District Health Officer, advised that the Health District was internally challenged with the capability to address health equity issues as outlined in the CHA, specifically homelessness, affordable housing, and drug and alcohol abuse, through technical assistance. Dr. Lockett advised that the next step would be to focus on using technical assistance to influence policies, grant opportunities, etc.

Further to an inquiry from Member Kline on the target population of the 89101 ZIP code, Ms. Johnson advised that there were a lot of services collocated in that area. Ms. Johnson further advised that a ZIP code analysis from the last assessment noted may social determinants

impacted the individuals in that area, such as homelessness and income status. That was part of the reason that the team wanted to learn more if there were findings related to that area that could be impacted in the CHA.

Vice-Chair VanBeuge commended the report and noted the valuable information and data, which was reflective of the previous discussions that the Advisory Board has had regarding homelessness, access to affordable housing and mental health. Vice-Chair VanBeuge noted that, with the large Filipino population in Southern Nevada, the survey for the report was only available in English, Spanish and Chinese and inquired whether Tagalog would be considered on further surveys. Ms. Johnson advised that when they were considering translation, they looked at the challenges that Maricopa County had with 18 languages. Ms. Johnson advised that the Nevada Institute for Children's Research & Policy (NICRP) identified with a previous translation that most of the individuals that spoke Tagalog also spoke English. Ms. Johnson confirmed to consider the recommendation going forward.

2. Update on the Health Equity Report; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Dr. Erick Lopez, Epidemiologist, provided an update on the Health Equity Status Report and outlined the four goals of the report, (i) increase community knowledge about health, (ii) highlight the status of key health indicators, (iii) provide context for health disparities, and (iv) explore efforts to improve equity.

Further to an inquiry from Member Labus regarding whether any new findings were noted in previous reports, Dr. Lopez advised that he would discuss the request with his colleague and provided a response to Member Labus.

Dr. Lockett noted that the Health District needs to collaborate with its partners to optimize the collective impact and think about some of the programs we interact with as (i) best practices, (ii) promising practices, and (iii) evidenced-based practices. For example, the barbershop initiative that provides screening for hypertension. Dr. Lockett noted that if you stratify hypertension among African Americans by socio-economic status, you may find that with an increasing socio-economic status, hypertension is increasing. Therefore, is the barbershop initiative a best practice, a promising practice or an evidence-based practice and is it hitting the target. If it isn't hitting the target, then you have to be willing to change intervention strategies.

Dr. Lockett stated that 28% of motor vehicle accidents involved alcohol but noted that was an underestimation. Dr. Lockett noted that the reason for the underestimate was that not all motor vehicle accident drivers receive toxicology screening from the coroner's office. The funding for this was not available to perform all the screenings. Dr. Lockett advised that there was a bill currently in the legislative session that was trying to strengthen DUI laws in the state.

Member Kline noted that now with marijuana being legal in the state, along with other drugs available, those could also be contributing factors to DUIs. Member Kline noted that there would be a much higher number of toxicology screens were performed on everyone in a motor vehicle accident.

3. Update on Immunization Rates and Outreach; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Shannon Pickering, Community Health Nurse Manager, and Maria Gueco, Community Health Nurse Supervisor, provided an overview of the Health District's efforts to increase immunization rates in Clark County.

Further to an inquiry from Member Kline on the ability for the Health District to improve funding, Ms. Pickering advised that the Health District bills insurance companies for those clients with insurance coverage, including Medicaid. Ms. Pickering advised that a high percentage of clients have Medicaid. Ms. Pickering also advised that clients who do not have insurance and are under the age of 19 are eligible for the Vaccine for Children (VFC) program, with a small, discounted administration fee to help to continue to provide immunization services. Ms. Pickering advised that the Health District works with all the insurance companies to ensure that information is up-to-date and noted that the insurance companies were very committed to ensure that our community is vaccinated.

Member Labus inquired as to the recent cuts to federal grants, noting the Vaccine for Children that was covered under the COVID-19 grant, and how the Health District was affected. Dr. Lockett advised that not all parts of the COVID-19 grant were impacted, specifically the Vaccine for Children portion was not affected at this time.

Further to an inquiry from Chair Osgood, Ms. Pickering advised that the collaboration with the Clark County School District (CCSD) targeted the most vulnerable schools with the low rate of immunization. Dr. Lockett advised that the Health District has highly dedicated employees, commended the immunization outreach team for looking at the gap in the community, and that the Health District and schools are being proactive and arranging for pop-up vaccination clinics. Ms. Gueco confirmed that her team had eight nurses, five administrative assistants, and a call center that helps arrange appointments. Ms. Gueco advised that pop-up clinics in the schools have been scheduled until June 30, 2025, and are scheduled to visit Laughlin, which was identified as having a low rate of immunization.

Further to an inquiry from Vice-Chair VanBeuge on utilizing nursing students in the immunization clinics, Ms. Gueco advised that nursing students were only used at the Main Facility (Decatur). Ms. Pickering advised that some nursing students observe public health at the Health District and others are more integrated in the clinics.

VII. BOARD REPORTS: The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Labus requested a legislative update, after the current legislative session, on any new legislation that affects the Health District.

Member Kline requested an update from an August 2022 presentation on the trauma system and transportation times. Dr. Lockett advised that the current Southern Nevada Trauma Systems Report would be shared at the next meeting, at which time, if additional unique analysis is requested, it may be provided at a subsequent meeting.

VIII. HEALTH OFFICER & STAFF REPORTS (*Information Only*)

- **DHO Comments**

Dr. Lockett addressed the recent loss of several grants. Dr. Lockett advised that there has been a lot of confusion across the country as there were only parts of some grants that were eliminated, as some states may have laid people off and then realized that a specific portion of a grant was not eliminated, such as the Vaccines for Children program.

Dr. Lockett addressed the impacts to the Health District. With the elimination of the COVID-19 Health Disparities Grant, six FTE were shifted to another grant. Dr. Lockett noted two other grants totaling \$26m that were impacted: Epidemiology Laboratory Capacity Enhancing Detection grant and the Epidemiology Laboratory Capacity Enhancing Detection and Expansion grant. In total, 33 FTEs were impacted with a loss of \$4.4m to the Health District's budget. Dr. Lockett advised that the Health District was waiting for the outcome of the lawsuit commenced by 23 Attorney Generals, including Nevada's, on the termination of the grants. Dr. Lockett noted that 79% of the FTEs impacted were in the Southern Nevada Public Health Laboratory, and that all 33 FTEs have been shifted to general funds to ensure that commitment to public health continues. Dr. Lockett advised that, due to the recent reduction in staff at the Department of Health and Human services, it was important to pay attention to possible impacts to the HIV Prevention grant and several family planning grants.

IX. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:38 a.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 14, 2025 – 8:30 a.m.

Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:

<https://events.teams.microsoft.com/event/9f4dcd0e-5b92-459e-a20e-7ef1a99af4f1@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 963 869 016#

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 963 869 016#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE APRIL 14, 2025 AGENDA *(for possible action)*

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- 1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** January 13, 2025 *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

- 1. Update on the Community Health Assessment (CHA);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Update on the Health Equity Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Update on Immunization Rates and Outreach;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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VIII. HEALTH OFFICER & STAFF REPORTS ***(Information Only)***

- DHO Comments

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X. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



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MEMBERS PRESENT:

Kenneth Osgood, Chair – At-Large Member, Physician (*in-person*)
Susan VanBeuge, Vice-Chair – At-Large Member, Nurse (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*via Phone*)
Paul Klouse – Member, City of Boulder City (*in-person*)
Brian Labus – At-Large Member, Environmental Health (*in-person*)
Holly Lyman – Member, City of Henderson (*in-person*)
Jennifer Young – Member, City of Las Vegas (*in-person*)

ABSENT:

N/A

ALSO PRESENT:

(In Audience)

Linda Anderson, Kimberly Carter, Nadine Kienhoefer, Staniela Nikolova

LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

EXECUTIVE SECRETARY:

Fermin Leguen, MD, MPH, District Health Officer

STAFF:

Emily Anelli, Maria Azzarelli, Tawana Bellamy, Daniel Burns, Donna Buss, Nancy Cadena, Andria Cordovez Mulet, Aaron DelCotto, Jacques Graham, Cassius Lockett, Anil Mangla, Brian Northam, Kyle Parkson, Luann Province, Larry Rogers, Chris Saxton, Tiana Wright, Lourdes Yapjoco

I. CALL TO ORDER AND ROLL CALL

The Chair called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present. Ms. Cordovez Mulet provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE JANUARY 13, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Klouse, seconded by Member Labus, and carried unanimously to approve the January 13, 2025 Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: October 14, 2024 *(for possible action)*

Further to an inquiry from the Chair regarding whether there have been additional cases of Tuberculosis, Dr. Anil Mangla, Director of Disease Surveillance and Control, advised that there were new cases in the community.

A motion was made by Member Klouse, seconded by Member VanBeuge, and carried unanimously to approve the January 13, 2025 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Update on Respiratory Syncytial Virus (RSV), Influenza, and COVID-19; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Young joined the meeting at 8:37 a.m.

Dr. Manga provided an update on Respiratory Syncytial Virus (RSV), Influenza, and COVID-19.

Further to an inquiry from Chair Osgood regarding the locations of wastewater monitoring stations, Dr. Mangla advised that monitoring stations were distributed by the Clark County Water Reclamation District and would follow up regarding the locations.

Further to an inquiry from Chair Osgood regarding bird flu and wastewater detection, Dr. Mangla advised that there have not been any cases reported in Nevada. Dr. Cassius Lockett, Deputy District Health Officer-Operations, advised that, in wastewater surveillance, there was no way to distinguish whether the wastewater was from humans or animals.

Member Labus referenced a slide in the presentation regarding COVID-19 cases this year and last year and inquired whether COVID-19 had settled into seasonal patterns. Dr. Mangla

advised that it would take a few more years of data trends before concluding that COVID-19 was in a seasonal pattern.

Member Labus inquired as to the pharmacy-based surveillance program. Dr. Lockett advised that the pharmacy-based surveillance program monitors over-the-counter medication sales to help identify outbreaks of infectious disease outbreaks.

- VII. BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

Member Lyman requested an update on the Community Health Assessment. Dr. Lockett advised that staff could provide an update on the Community Health Assessment, along with the Health Equity Report, at a future meeting.

Member Labus requested an update on immunization rates, specifically the Health District's efforts to address and improve low immunization rates.

VIII. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

Dr. Leguen advised that the new Behavioral Health Clinic, which was part of the Southern Nevada Community Health Center, at the Main Facility, will have its Grand Opening on January 14, 2025 and encouraged members to attend. The Behavioral Health Clinic would be part of the integrated health care delivery system being implemented by the Community Health Center and be an additional resource to the community.

Dr. Leguen advised that this would be his last Advisory Board meeting as the District Health Officer for the Health District. Dr. Leguen introduced Dr. Lockett, who had been appointed the District Health Officer, effective February 24, 2025. The Advisory Board members thanked Dr. Leguen for his years of service and leadership to the Health District.

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Staniela Nikolova read into the record a written public comment regarding inhabitable living conditions at her apartment building. The written public comment will form part of the record. The Chair suggested that Ms. Nikolova attend the Southern Nevada District Board of Health meeting on January 23, 2025 to provide her public comment.

Seeing no one further, the Chair closed this portion of the meeting.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:16 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm

DRAFT



Update on 2025 Community Health Assessment (CHA)

Carmen Hua, MPH, CHES
Health Educator | CHA/CHIP Coordinator

Division of Disease Surveillance and Control
April 14, 2025

Outline Overview

Mobilizing for Action through Planning and Partnerships (MAPP) Framework

- Overview

2025 Community Health Assessment (CHA)

- Community Partner Assessment (CPA)
- Community Context Assessment (CCA)
- Community Status Assessment (CSA)

Next Steps

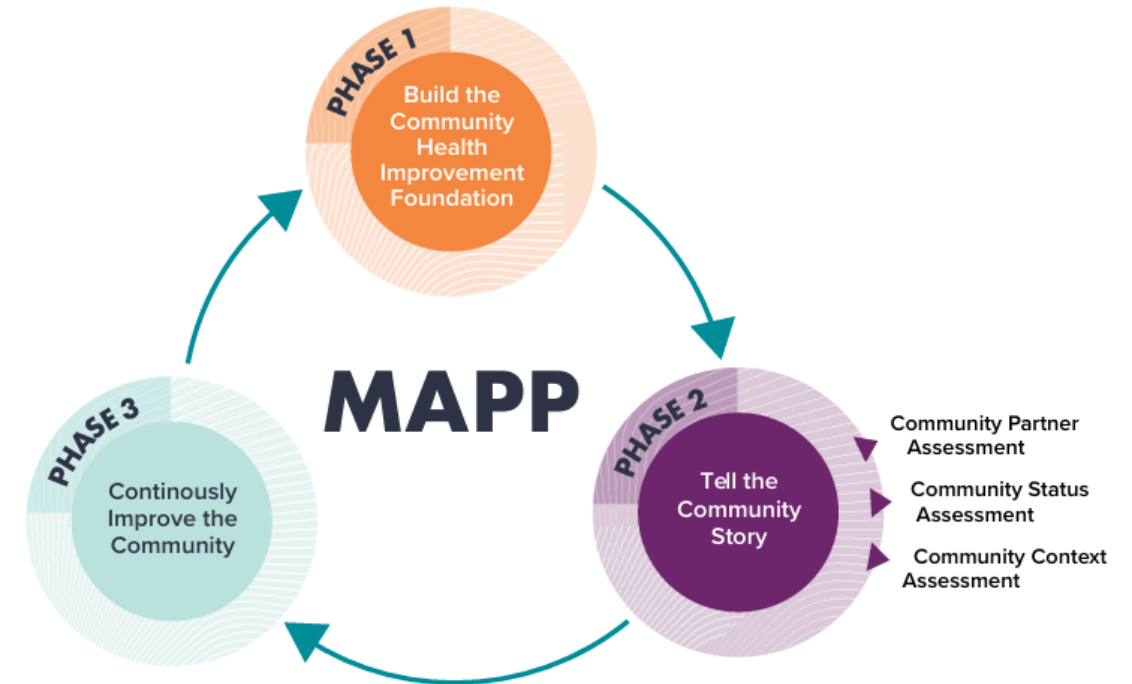
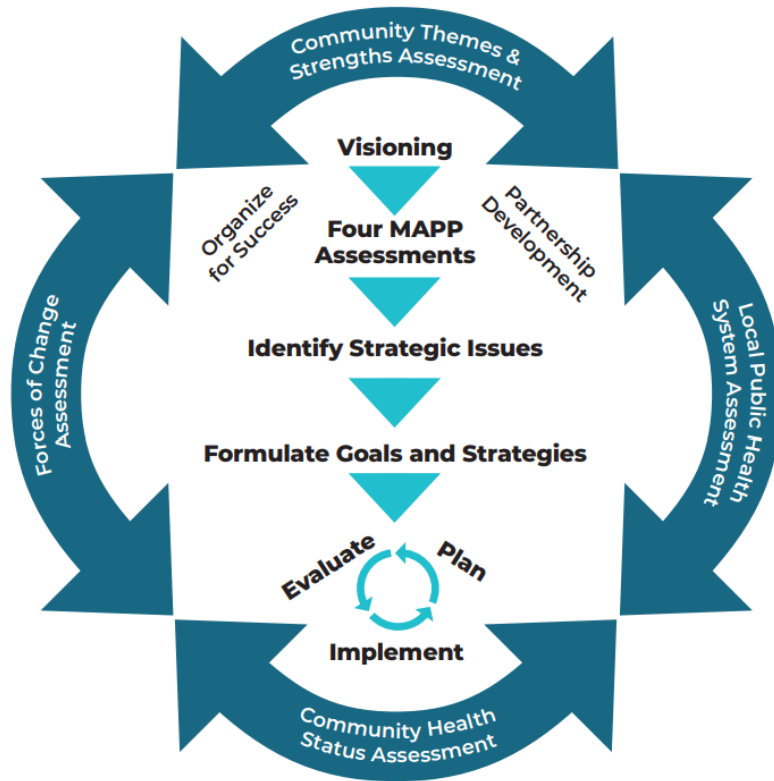
- CHA Prioritization Meeting

MAPP 2.0 Framework

2001

Undergone updates

2023



Community Health Assessment (CHA)



Community Partner Assessment (CPA)

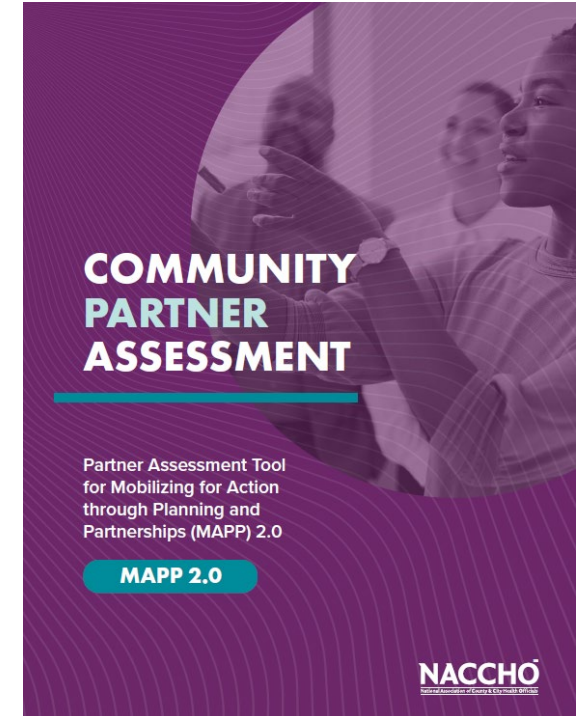
Replaced Local Public Health Systems Assessment (LPHSA)

- Helps community partners review their:
 - (1) individual systems, processes, and capacities
 - (2) collective capacity as a network of community partners to address health inequities
- Identifies current and future actions to address health inequity at individual, systemic, and structural levels

Part 1: Online Survey - March 2024 Self-Assessment

46 questions in 3 parts:

1. About the Organization
2. Current Organizational Capacity
3. Optimal Organizational Capacity



Part 2: Partner Discussion Meetings - April 2024

- Discuss CPA Survey Results
- 3 Meetings – 2 in person, 1 virtual
- 54 participants across all meetings

Community Partner Assessment Findings

Report Findings and Recommendations

- Education and Outreach
- Policy and Advocacy
- Focus on Preventive Care
- Equity-Centered Interventions



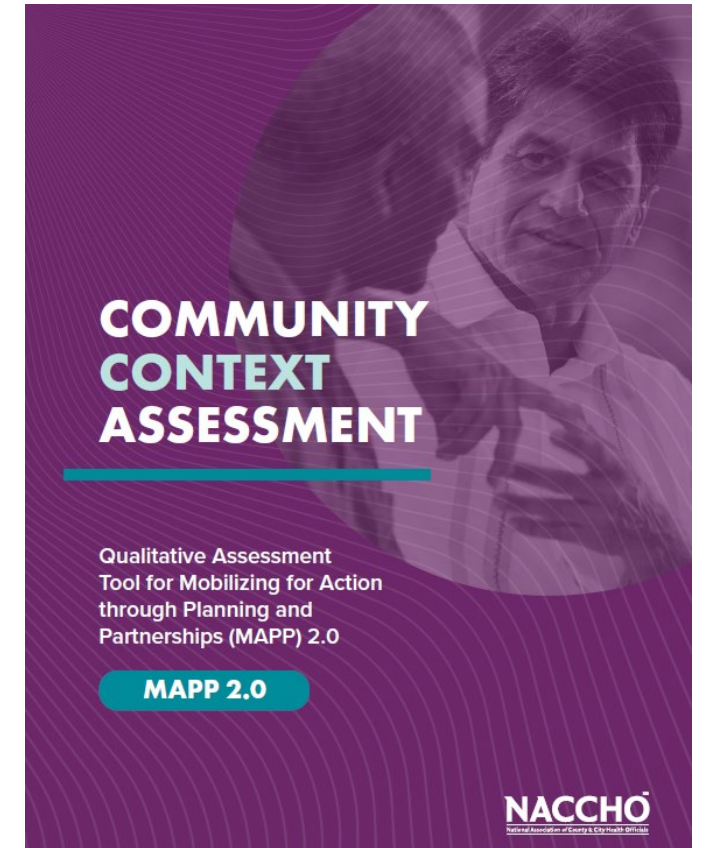
2024
Southern Nevada
Community Partner Assessment

Community Context Assessment (CCA)

Combined Forces of Change (FOCA) and Community Themes & Strengths (CTSA) Assessments

- Qualitative tool to assess and collect data through three domains; community strengths & assets; built environment; and forces of change
- Focuses on people and communities with lived experiences and lived expertise.
- Emphasizes views, insights, values, cultures, and priorities of those experiencing inequities firsthand.

Two Assessments: Focus Groups and Photovoice



Focus Groups Methodology & Findings

Attendees of the SNHD Health Assessment Focus Groups

Target Population	Date	Location	No. of Attendants
People with Disabilities	10/7/2024	NAMI Southern Nevada	10
Rural Areas	10/8/2024	Mesquite - Clark County Library	10
89101 ZIP Code	10/15/2024	Chicanos Por La Causa	12
Seniors (60+)	10/16/2024	Whitney Senior Community Center	13
Veterans	10/21/2024	Premier Business Center	10
American Indian / Alaska Native	11/06/2024 & 11/07/2024	UNLV Gateway Building and Inter-Tribal Council	15

Recommendations and Findings

- Expanding healthcare access
- Addressing transportation barriers
- Enhancing food security
- Promoting culturally responsive and trauma-informed care
- Increasing community safety through improved infrastructure



2024

Clark County Voices

A Part of the SNHD
Community Context Assessment

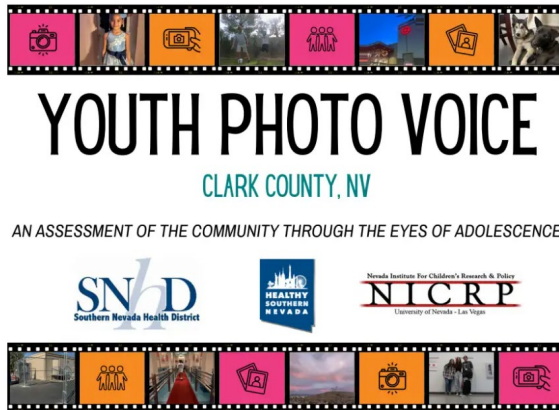
Photo Voice Methodology & Findings

Recruitment for Youth Aged 12-17 living in Clark County

- Led by Youth Advisory Group
- 22 submissions

Community Health Questions

1. *What resources ARE available in your community that help you with your mental or physical health?*
2. *What resources ARE NOT available in your community that could help your mental or physical health?*



Recommendations and Findings

Strengths

- Access to Nature & Outdoor Activities
- Movement
- Fostering Connections
- Medical Care

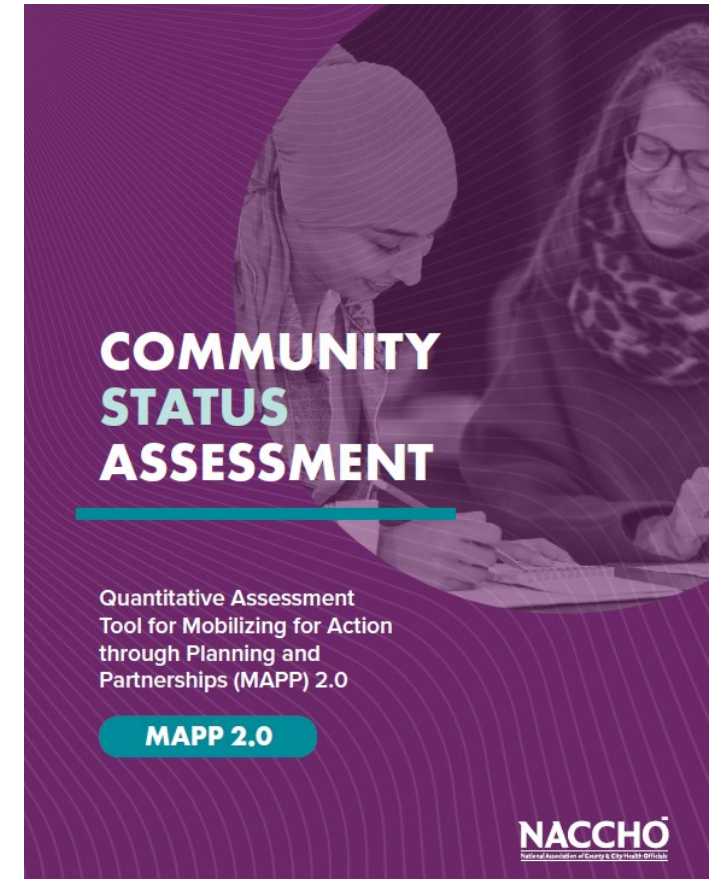
Barriers

- Costs of living
- Threats to Community Safety
- Missing Community Attributes

Community Status Assessment (CSA)

Formerly known as Community Health Status Assessment (CHSA)

- Collects quantitative data on the status of community
 - Demographics
 - Health status
 - Health inequities
- Helps community move “upstream” and identify inequities beyond health behaviors and outcomes.
- Reveals data gaps and issues



Methodology: Community Survey

Collection:

- 36 questions
- Demographic variables, information about health behaviors, economic status, access to services such as healthcare and housing, and perceptions of community priorities.

Languages:

- English, Spanish, and Chinese

Format:

- Online via Qualtrics and print

Data Collection:

- May 15 - August 15, 2024.

Outreach:

- Approximately 380 locations that spanned all 5 cities
- Emails to over 1500 individuals



2024
Community Status
Assessment Survey

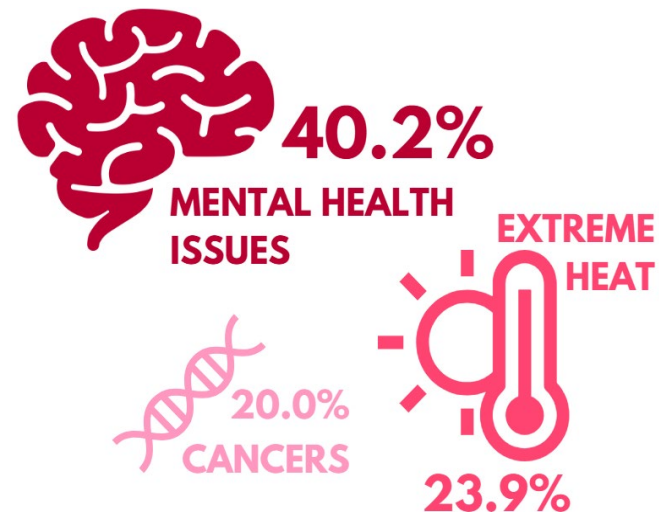
Nevada Institute for Children's Research & Policy
NICRP
University of Nevada - Las Vegas

Findings - Top 3 for each Survey topic

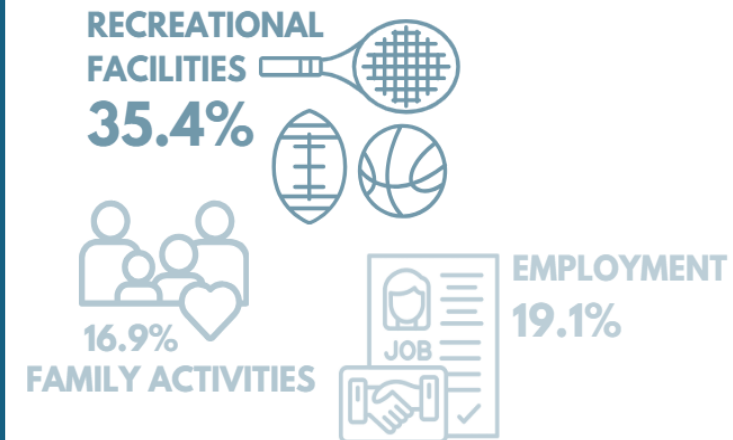
Perceived Community Issues Impacting Quality of Life



Perceived Health Problems in the Community



Perceived Community Strengths in Clark County



Findings - Top 3 for each Survey topic – 2

Perceived Community Areas Needing Improvement in Clark County



Perceived Health Behaviors Needing More Information in the Community



Survey Findings – Main Recommendations

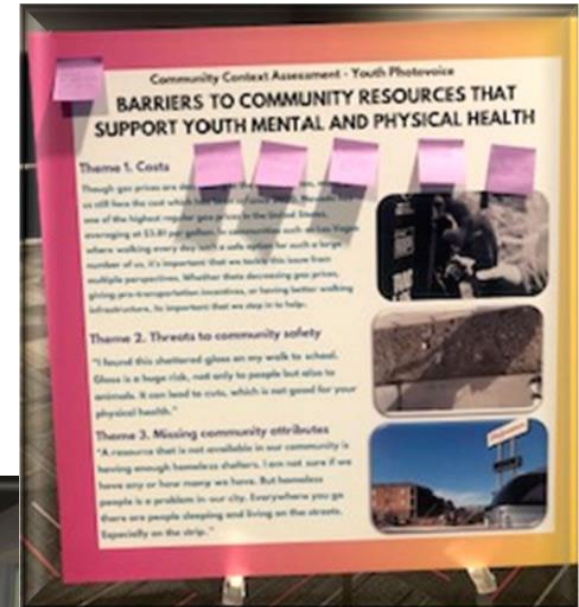
Main recommendations based on the data in CSA:

1. Expand Affordable Housing Initiatives
2. Enhance Healthcare Accessibility
3. Strengthen Mental Health and Substance Use Resources
4. Improve Heat Resilience Strategies
5. Enhance Community Engagement Efforts
6. Diversify Health Information Channels
7. Strengthen Economic and Employment Opportunities

Community Meeting – February 19th

- Objective: Disseminate and discuss the findings from the community health reports and to have the community discuss the main results and recommendations
- Attendees: 34 partners from 18 organizations

Key findings: Attendees affirmed findings; identified areas for additional clarification in final reports.



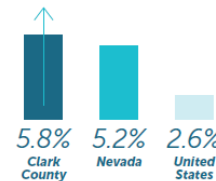
CSA Methodology: Secondary Assessment

Secondary Data Collection:

- Quantitative social, economic, and health data for Nevada and Clark County from a primary and secondary data sources at the local, county, state, and national levels.
- These sources of health data are noted within each infographic.
- Tables, charts, and figures are labeled directly with data sources.
 - American Community Survey
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - CDC Wonder
 - Local surveillance data
 - ... and many more!

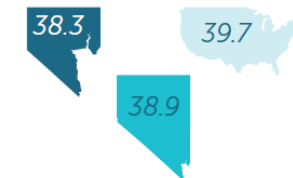
DEMOGRAPHICS : KEY FINDINGS

Population Growth



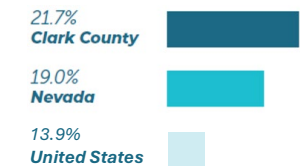
Clark County is experiencing population growth at 5.8%, higher than that of Nevada (5.2%), and the United States (2.6%). Clark County is made up of five incorporated cities: Boulder City, Henderson, Las Vegas, Mesquite and North Las Vegas.

Median Age



Approximately 43% of Clark County residents reside outside these cities, in areas collectively referred to as unincorporated Clark County, which encompasses the regions between the five major cities. **The median age of Clark County residents is 38.3, slightly lower than the United States and Nevada median of 39.7 and 38.9 years respectively.**

Not Born in the United States



Nearly 21.7% of Clark County residents were not born in the United States, compared to 19.0% of Nevadans and 13.9% of the United States as a whole. While the percentage of residents under the age of 65 is similar, Clark County has a slightly lower value of 8.6% compared to 8.8% of Nevada and 8.9% of the nation.

2025 CHA ROADMAP - Timeline

1 **NOVEMBER 2023**

Official CHA Cycle Begins

- Establish Steering Committee
- Gain Leadership Support

3 **MAY – JULY 2024**

Community Status Assessment (CSA)

5 **NOVEMBER – APRIL 2025**

Data Analysis and Edits

2 **FEBRUARY – APRIL 2024**

Community Partner Assessment (CPA)

4 **AUGUST – OCTOBER 2024**

Community Context Assessment (CCA)

6 Publish CHA data reports, profiles, and update data dashboards

MAY 2025



Save the Date!



Invites you to attend:

COMMUNITY HEALTH ASSESSMENT (CHA) PRIORITIZATION MEETING

WEDNESDAY, APRIL 30, 2025 FROM 9:00 A.M. - 12:30 P.M.

Join us for this in-person and virtual event!

In Person:

Southern Nevada Health District
Red Rock Conference Room
280 S. Decatur Blvd.
Las Vegas, NV 89107

Virtual:



SCAN TO REGISTER!

Learn more and register to attend here:
tinyurl.com/2025CHAPriority



Southern Nevada Health District

Presenter Contact:

Carmen Hua, MPH, CHES®

Health Educator | CHA/CHIP Coordinator

Division of Disease Surveillance and Control

Email: huac@SNHD.org

PH: 702-759-1209



Facebook.com/SouthernNevadaHealthDistrict



[@SNHDInfo](https://twitter.com/SNHDInfo)



[@southernnevadahealthdistrict](https://www.instagram.com/southernnevadahealthdistrict)



YouTube.com/SNHealthDistrict



Improving Data Transparency to Advance Health Equity:

Implementation of the Health Equity Status Report in Clark County, NV

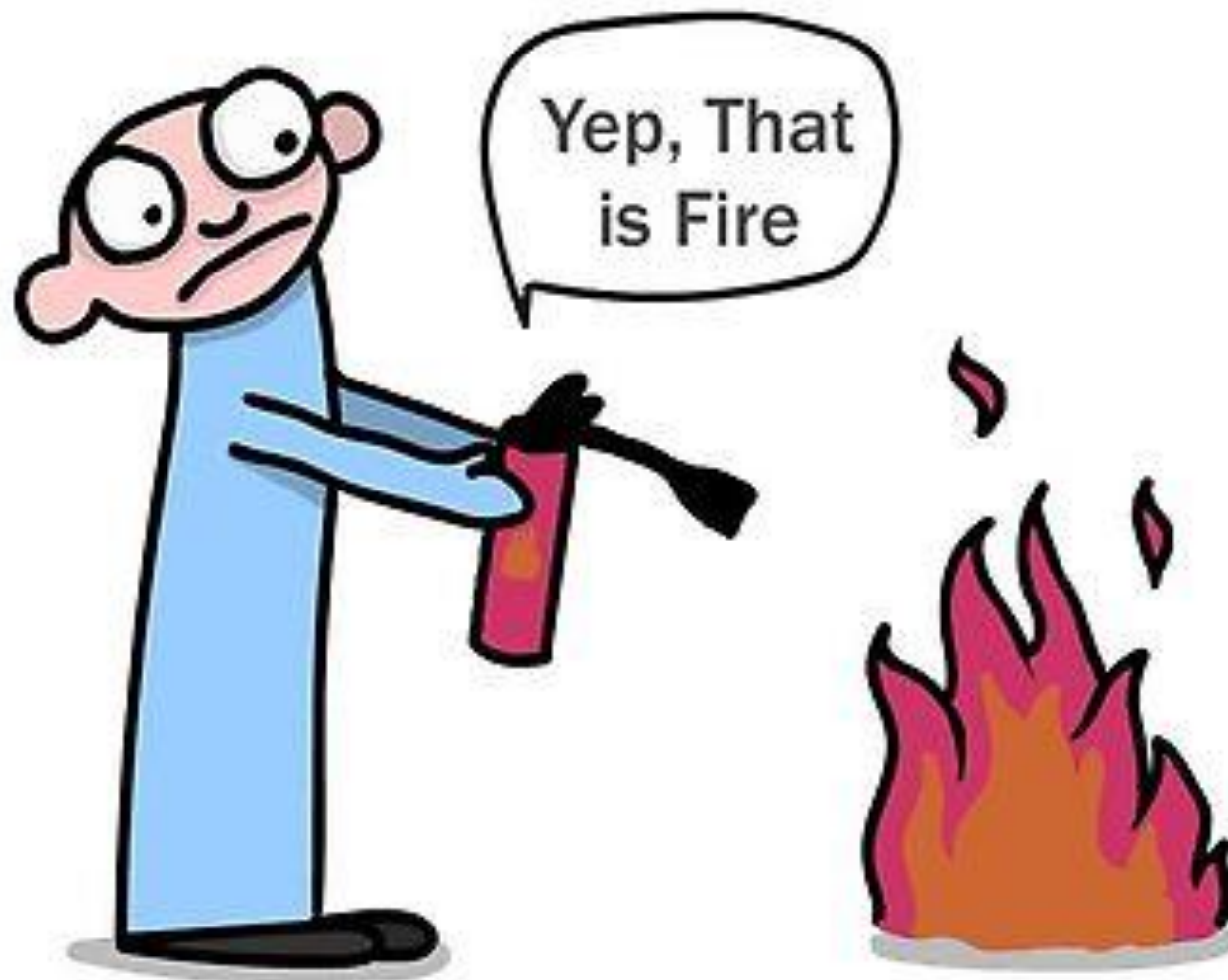
Author: Tamera Travis, MSc, Presenter: Erick López, PhD

Office of Informatics and Epidemiology
Division of Disease Surveillance and Control

April 14, 2025

Why a Health Equity Status Report?

- Our community deserves clear, accessible information about health issues impacting them
- Understanding health equity means examining both disparities and their root causes



FIRE DISTINGUISHER

Why a Health Equity Status Report?

- Our community deserves clear, accessible information about health issues impacting them
- Understanding health equity means examining both disparities and their root causes
- **We must highlight what actions are being taken to address these disparities**

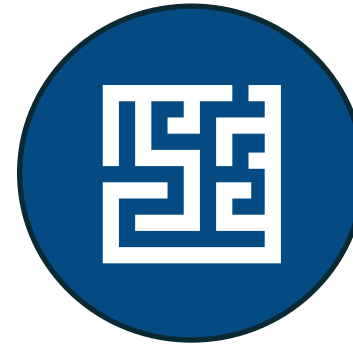
Report Goals



Increase Community
Knowledge about Health



Highlight the Status of
Key Health Indicators



Provide Context for
Health Disparities

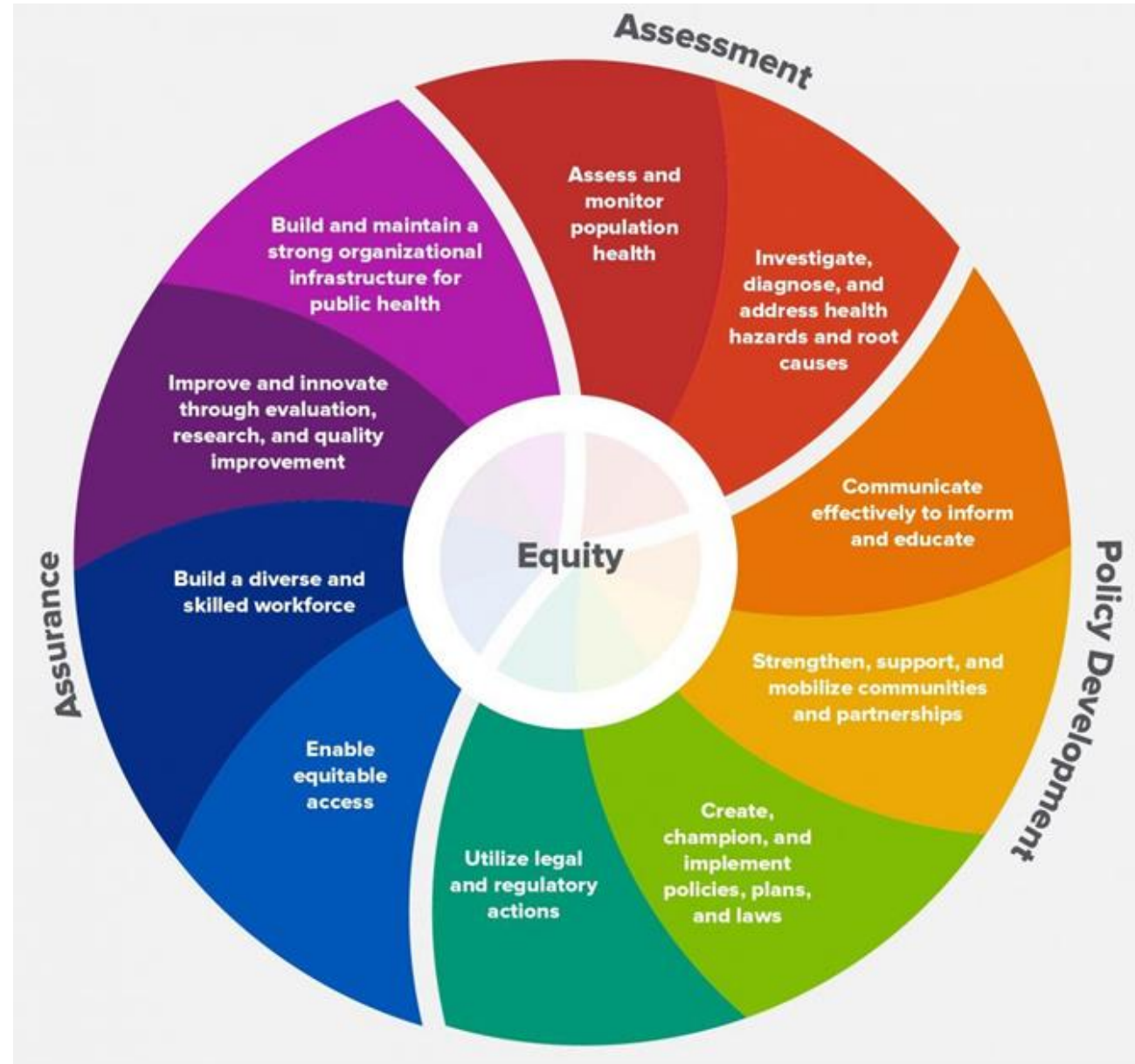


Explore Efforts to
Improve Equity

Introduction to Essential Public Health Services

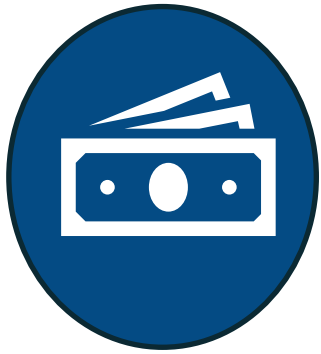
- Public health is often referred to as the invisible shield, but our communities should be aware of the work that we do
- Inform the community about public health concepts
- Shared understanding of key concepts strengthens communication

10 Essential Public Health Services Framework



Healthy People 2030

Social Determinants of Health



Economic Stability



Education Access and
Quality



Health Care Access
and Quality



Neighborhood and
Built Environment



Social and Community
Context

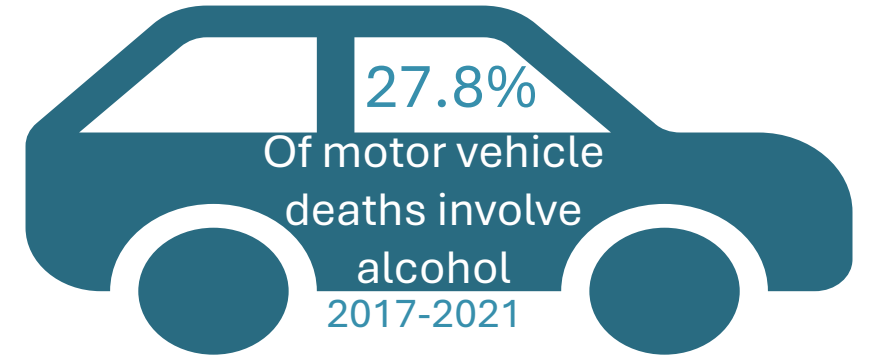
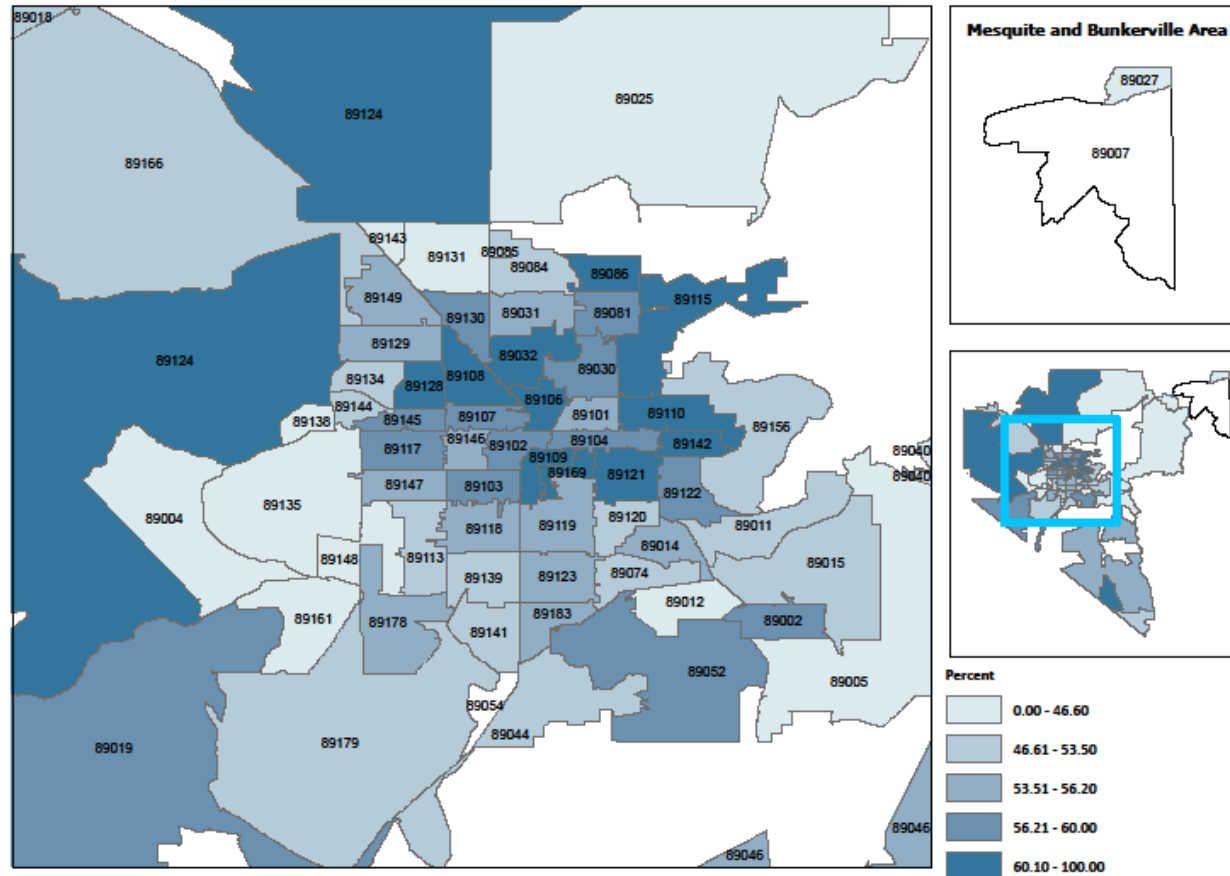
HP2030: set of data-driven national objectives to improve health and wellbeing

Healthy Neighborhoods

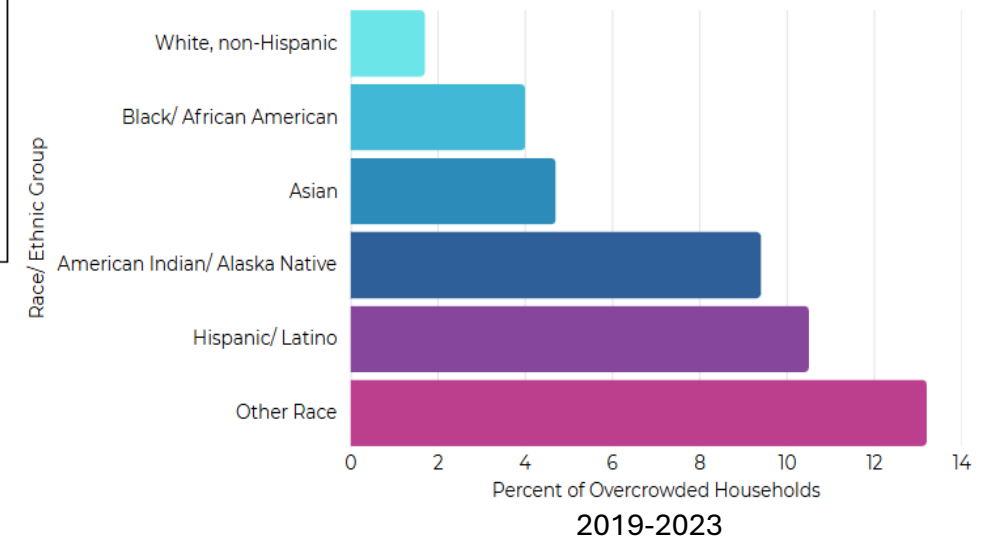
- The neighborhoods that we live in as well as the businesses and industries that surround us directly affect our safety, access to resources, and overall quality of life.
- This section of the report covers:
 - Median rent prices
 - Commuting by public transit
 - Motor vehicle traffic deaths
 - Households spending over 30% of their income on rent/mortgage
 - Households with more people than bedrooms
 - Impaired driving

Healthy Neighborhoods

Percent of Families Experiencing Rent Burden, 2019-2023



Percent of Clark County Overcrowded Households by Race/ Ethnicity

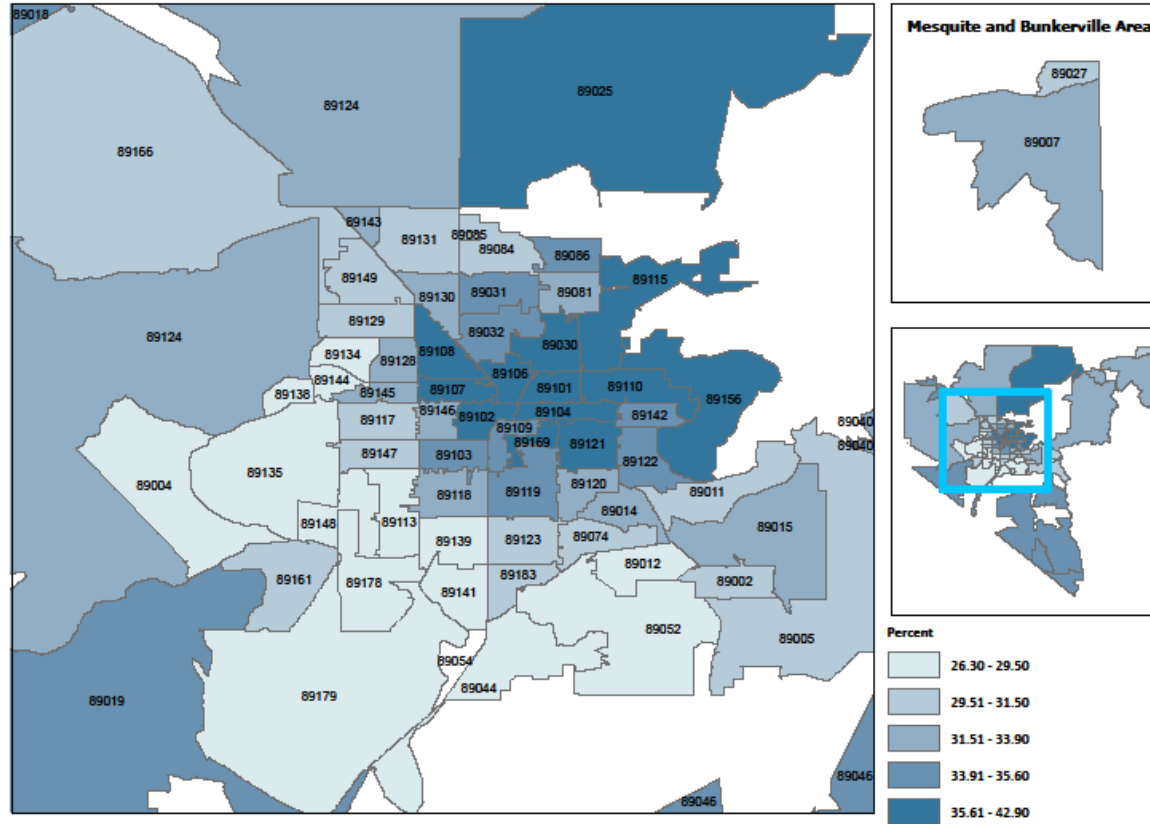


Healthy Communities

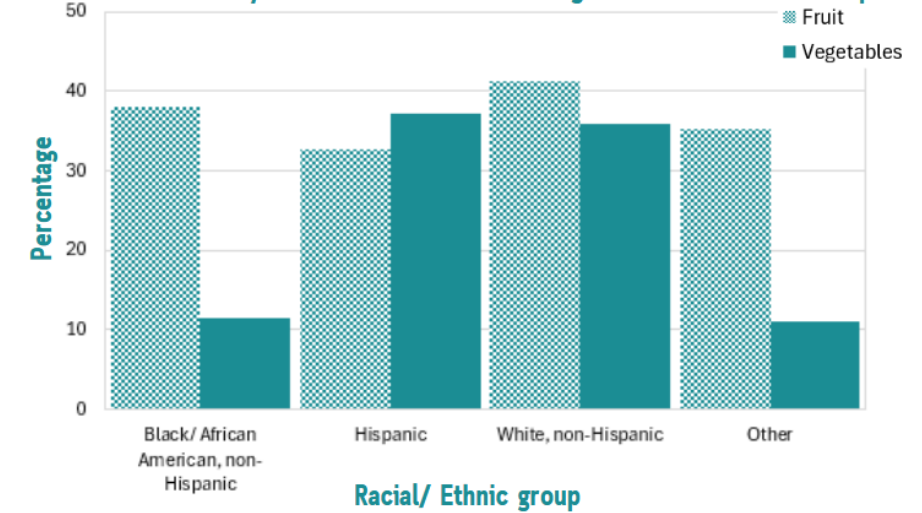
- Community entails how we as individuals connect with those around us. This is integral in building social bonds and a sense of togetherness.
- This section of the report covers:
 - Social associations
 - Linguistic isolation
 - Insufficient sleep
 - Internet access
 - Smoking
 - Binge drinking
 - Physical activity
 - Obesity
 - Access to exercise opportunities
 - Fruit and vegetable consumption

Healthy Communities

Percent of Adults with Obesity, 2022



Percent of Clark County Adults who Eat Fruit or Vegetables Less Than Once per Day, 2021



Report Findings

Consistent findings in:

- 2024 Health Equity Status Report
- 2025 Health Equity Status Report
- 2020/2021 Southern Nevada Community Health Assessment
- Clark County is behind national benchmarks on several health metrics.
- Disproportionate health burden in Northeast metropolitan area of Las Vegas and Southern Clark County near Laughlin
- Higher health burden and worse health outcomes for Black/African Americans

Limitations

- Some indicators did not have complete race/ethnicity data due to suppression rules or the information not being collected, limiting a complete analysis of some variables.
- Although many of the indicators covered are interconnected, we cannot make assertions about causal relationships. Additional work is needed to identify the most effective points of intervention.

What Barriers Do Community Organizations Face When Working to Improve Health?

Let's Spread the Word
About These Programs in
Our Community!

R.E.A.C.H.

- ▶ Research, Education, and Access to Community Health (R.E.A.C.H.)
- ▶ Largest Hispanic-serving health organization in Southern Nevada
- ▶ Provides health programs through fixed sites and a mobile clinic
- ▶ Focuses on disease prevention, healthy habits, and access to essential health services
- ▶ Hosts 100+ outreach events annually to serve all—regardless of immigration status, health insurance, age, religion, gender, sexual orientation, or nationality.



Three Square

- ▶ Aims to build a hunger-free community through collaboration
- ▶ Partners with 150 agencies to fight food insecurity
- ▶ Distributed 40+ million meals in 2024
- ▶ Runs programs focused on childhood nutrition, senior hunger, SNAP, and food rescue and distribution, to ensure Southern Nevadans have access to three square meals a day.



Want to Know More?



Health Equity Status Report

The Southern Nevada Health District (SNHD) has released its inaugural Health Equity Status Report, focusing on key health indicators in terms of Economic Stability, Education Access and Quality, and Health Care Access and Quality. The report outlines social determinants of health and how they relate to Clark County and Healthy People 2030, a 10-year plan for improving the health and well-being of people in the United States. The report also highlights work being done in Southern Nevada to reduce health disparities. The report uses data by ZIP code, race/ethnicity, age and gender to inform community members and organizations about key health indicators affecting Southern Nevadans. In doing so, SNHD aims to empower Clark County residents to better understand local health issues and what is being done about them.

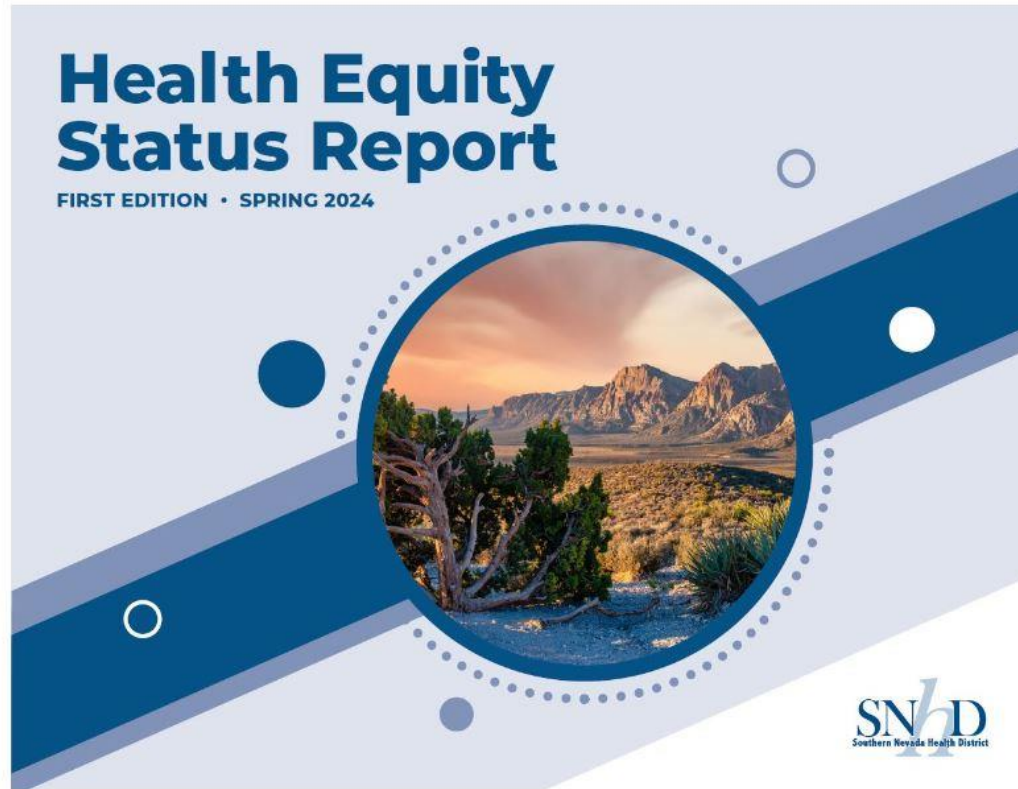


Image Descriptions- Health Equity Status Report

Along with the Health Equity Status Report, we have created this document to increase the accessibility of our report. The Health Equity Status Report conveys data which may be difficult to access for those who are blind or visually impaired. This document is an accessibility resource to accompany the report and requires additional visual assistance.



What's Next?



2025 Community
Health
Assessment



Health and Equity
Dashboard & Spotlight
on Key Disparities



2026 Health Equity
Status Report



280 S Decatur Blvd, Las Vegas, NV 89107



Tamera Travis
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702-759-1257



Facebook.com/[SouthernNevadaHealthDistrict](https://www.facebook.com/SouthernNevadaHealthDistrict)



@SNHDinfo



YouTube.com/[SNHealthDistrict](https://www.youtube.com/SNHealthDistrict)



@southernnevadahealthdistrict

SNHD Efforts to Increase Immunization Rates in Clark County

Four Main Clinics throughout Clark County:

In 2024, **28,218** clients immunized with over **91,000** vaccinations.

In addition to serving clients with insurance, we provide VFC, 317, as well as discounted rates for self-pay clients

Transcription and Record Reviews: **4,266**

Main Monday-Thursday

East Las Vegas Tuesday-Friday

Henderson Monday-Thursday

Mesquite Tuesday and Thursday

Project Immunization Team

In 2024, 5,587 clients received 14,659 vaccines.

CCSD Family Support Center

2,497 patients

7,077 vaccines administered

Outreach

1,002 patients

2,171 vaccines administered

BTS Resource 5/30-8/29

2,088 patients

5,411 vaccines administered

Vaccine for Children Program

Vaccine for Children Coordinators conduct compliance site visits to enrolled VFC providers, monitor vaccine storage and handling to ensure providers maintain vaccine viability and to avoid vaccine wastage.

In addition, coordinators monitor immunization coverage among children and teens utilizing the Immunization Quality Improvement for Providers (IQIP). Providers implement strategies to increase vaccine uptake in adherence to the routine schedule recommended by CDC.

School Based Vaccination & Education

- **Focused on conducting clinics in school locations**
- **Increase vaccination coverage among children**
- **Focused on K-12 education**
- **Education for staff in schools**
- **Education for adult clients regarding vaccines**
- **Education for OB providers and hospitals on importance of infant Hepatitis B series completion**

Special Projects

- The Immunization Child Care Program ensures that children and adolescents enrolled in childcare facilities have all the required immunizations to attend childcare, 7th and 12th grade. Facilities are monitored for compliance and site visits are conducted as needed

Outreach clinics are focused in assisting underserved areas and high-risk populations- those experiencing homelessness, substance abuse, incarceration uninsured and underinsured individuals.

Immunization Exemption Requirements for Child Care Facilities, Schools, and Universities

- Immunization requirements are for students entering kindergarten, 7th grade, 12th grade, university students and any student new to a Nevada school district
- Child Care facilities are required to collect and report percentage of enrollees who are up-to-date on CDC recommended childhood vaccinations.
- Nevada law requires immunizations unless excused because of medical condition or religious belief.
 - **Medical Exemption:** May be temporary or permanent. Exemption form must be completed and signed by a licensed physician, DO or advanced practice registered nurse stating the child cannot be immunized. This form must be submitted to the school.
 - **Religious Exemption:** Exemption form must be completed yearly by parents/guardians indicating that religious beliefs prohibit immunization. This form must be submitted to the school.
- Forms can be accessed at Division of Public and Behavioral Health Nevada website.
- Children with exemptions may be excluded from school during outbreaks of vaccine-preventable diseases.

Collaboration

- SNHD Epidemiology
- Clark County School District
- Multiple Community Partners
- American Cancer Society: Increasing HPV vaccination rates

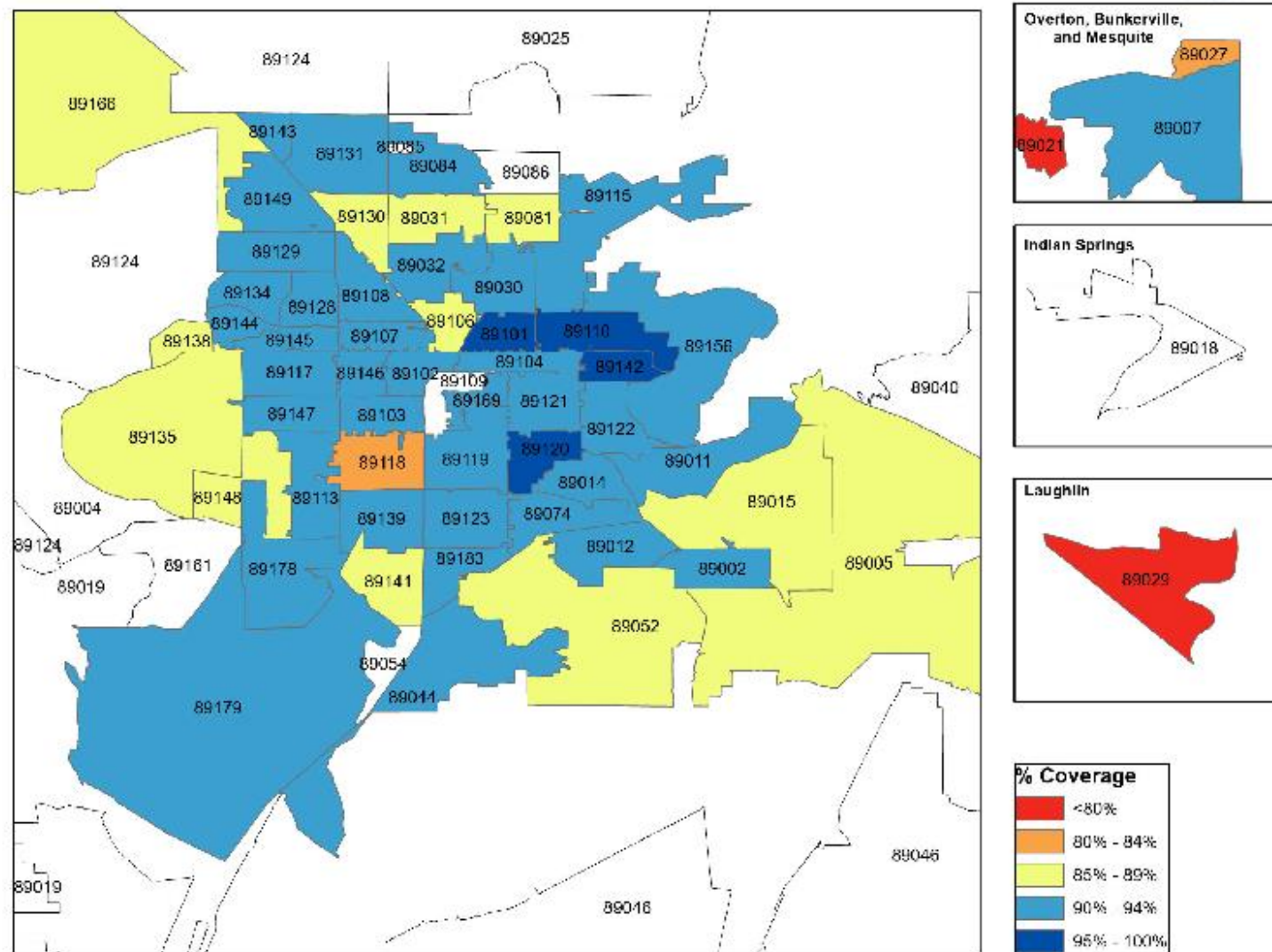
Preparing for Emerging Threats - Measles

Vaccine Coverage Percentage* (Average %)	Number of Elementary Schools^	Percentage of all Elementary Schools	Number of Kindergarten Students Vaccinated*	Number of Kindergarten Students Enrolled
>95% (97.4%)	102	32.6%	5920	6081
90-95% (92.3%)	121	38.6%	7905	8567
80-89% (86.6%)	77	24.6%	4519	5212
<80% (69.8%)	13	4.2%	418	599
Total (91.7%)	313	100%	18762	20459

MMR Vaccine Coverage in Kindergarten Students for CCSD, Charter, and Private Elementary Schools, Academic Year 2023-2024. **Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey.**

Using Data to Help Advance Vaccine Uptake Strategy

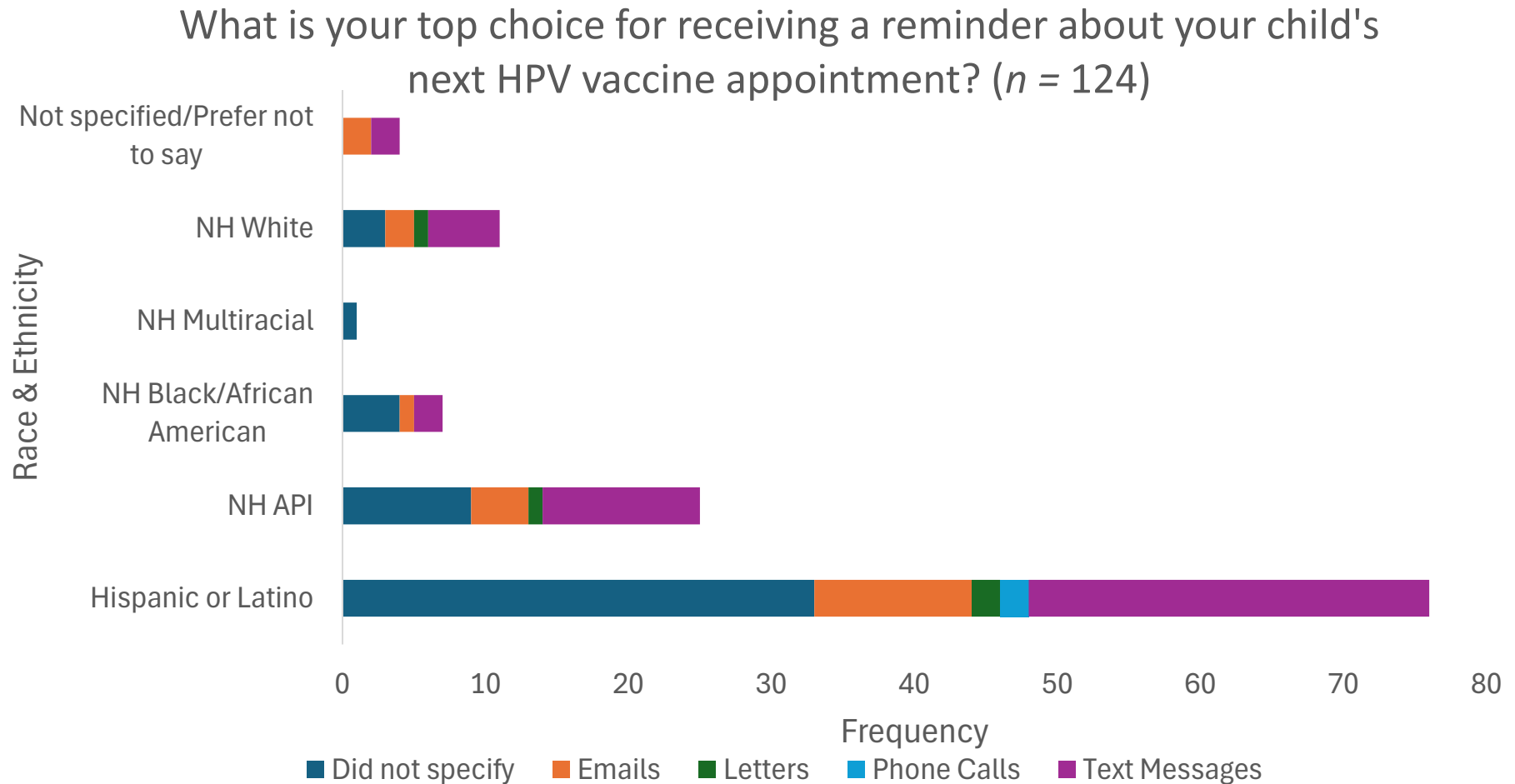
MMR UTD % for Kindergarten Students Academic Year 2024-2025



*White zip codes represent locations with no reported data or locations where data was suppressed due to small numbers of students

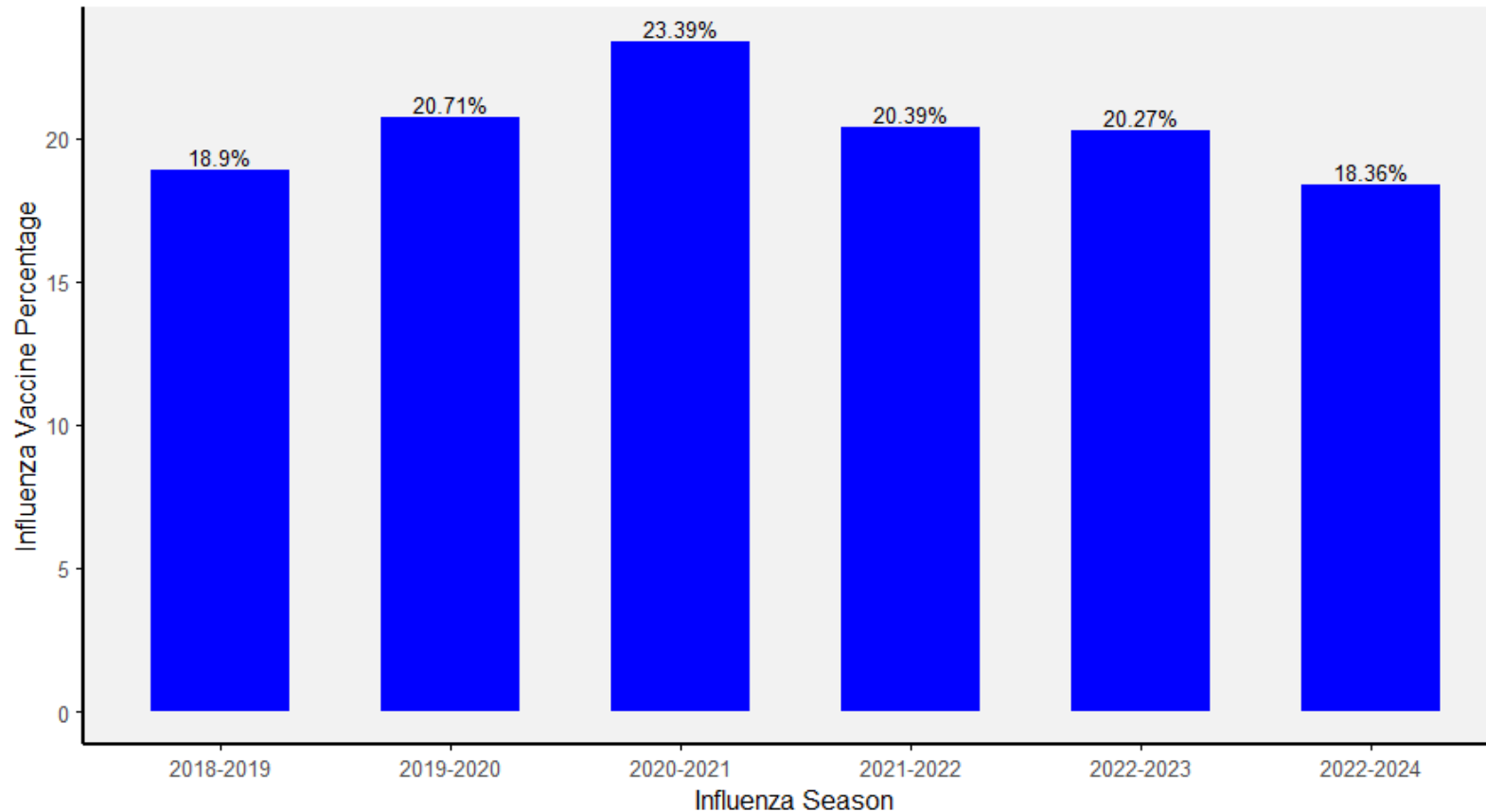
Source: Nevada Division of Public and Behavioral Health (DPBH), REDCap School Immunization Survey. Academic Year 2024-2025

Evaluating reminder strategies to improve HPV Vaccine Uptake



How has Flu vaccine administration changed over time?

Annual Influenza Vaccine Coverage in Clark County NV, by Flu Season



Vaccine Data was obtained from NV WebIZ for Influenza
Population Data was obtained from the NV Demographer's Office and is
reflective of the average eligible population for a given season

Questions?